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National Survey of Substance Abuse Treatment Services

The CBHSQ Report

Short Report

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TRENDS IN THE USE OF METHADONE AND BUPRENORPHINE AT SUBSTANCE ABUSE TREATMENT FACILITIES: 2003 TO 2011

AUTHORS

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INTRODUCTION

An estimated 2 million people in the United States are dependent upon or abuse opioids, including heroin and prescription opioids such as oxycodone and hydrocodone.[1] Withdrawal from these drugs is generally so intense that those who are dependent upon them continue taking the drugs in increasing dosages to avoid withdrawal or to maintain the "high" produced by the drugs. Withdrawal symptoms may begin within 6 hours after the last heroin usage and may last for up to several months.[2]

An effective treatment for opioid dependence and addiction includes medication-assisted therapy with the opioid medications methadone or buprenorphine, the only two opioids federally approved for the treatment of these conditions. Methadone relieves cravings, blocks the euphoric effects associated with heroin and other opioids, and prevents withdrawal.[3] Buprenorphine aids in treatment by preventing symptoms of withdrawal.[3]

Methadone, in use since 1964 for the treatment of opioid dependence, may be dispensed only in federally approved Opioid Treatment Programs (OTPs). Treatment protocols require that a client take the medication at the clinic where it is dispensed daily.[4] Take-home dosages are allowed only for clients who have been on an established maintenance program for an extended period of time.

In October 2002, buprenorphine was approved by the Food and Drug Administration (FDA) for the treatment of opioid dependence. Physicians who obtain specialized training may prescribe buprenorphine. Some of these physicians are in private, office-based practices; others are affiliated with substance abuse treatment facilities or programs and may prescribe buprenorphine to clients at those facilities. Additionally, OTPs may also prescribe and/or dispense buprenorphine.

The National Survey of Substance Abuse Treatment Services (N-SSATS), an annual, national survey of all known substance abuse treatment facilities, both public and private, provides information on the numbers of facilities that provide medication-assisted treatment with

In Brief

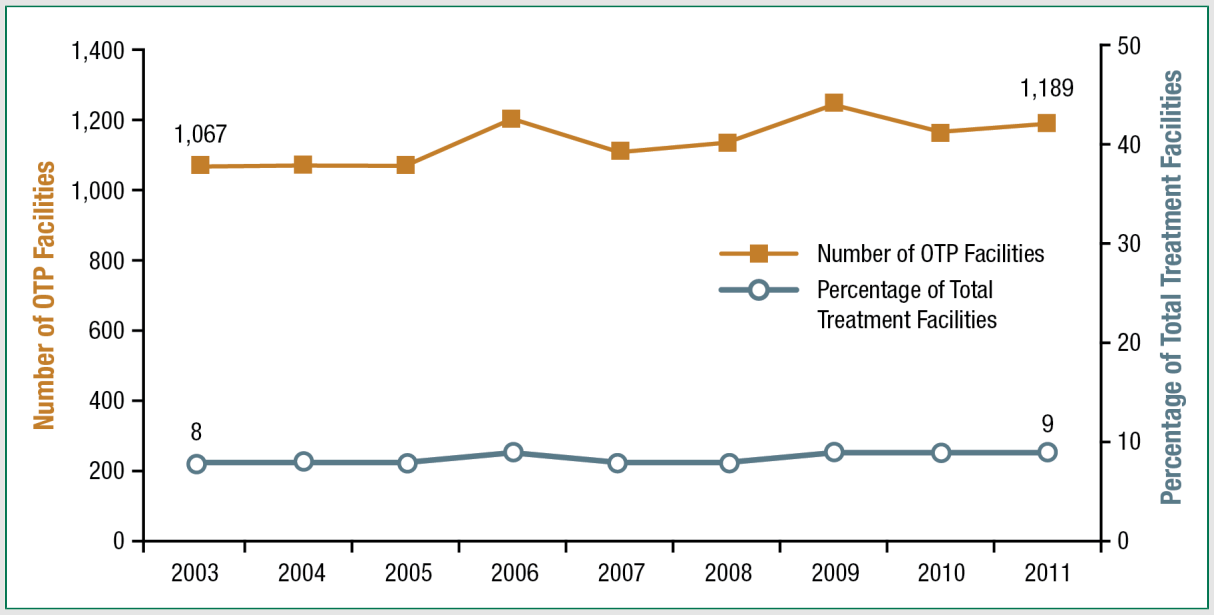
- Opioid Treatment Programs (OTPs) are regulated by the Substance Abuse and Mental Health Services Administration (SAMHSA) and are qualified to dispense the controlled substances, methadone and buprenorphine, to treat addiction to opioids (e.g., heroin and prescription pain relievers)
- While the number of facilities with OTPs has remained constant at around 1,100 to 1,200 since 2003 (8 to 9 percent of all substance abuse treatment facilities), the number of clients receiving methadone on the survey reference date increased from about 227,000 in 2003 to over 306,000 in 2011
- The percentage of OTPs offering buprenorphine increased from 11 percent in 2003 to 51 percent in 2011; the percentage of facilities without OTPs offering buprenorphine increased from 5 percent in 2003 to 17 percent in 2011
- The numbers of clients receiving buprenorphine on the survey reference date increased between 2004 and 2011: at OTPs, from 727 clients in 2004 to 7,020 clients in 2011, and at facilities without OTPs, from 1,670 clients in 2004 to 25,656 clients in 2011

methadone and/or buprenorphine, as well as on the numbers of clients receiving these medications. This report examines the trends in the use of methadone and buprenorphine in the treatment of opioid dependence at substance abuse treatment facilities; it includes data from OTPs as well as facilities that did not have OTPs (hereafter referred to as "non-OTP facilities"). It does not include data from private physicians who are not affiliated with a substance abuse treatment program or facility.

METHADONE

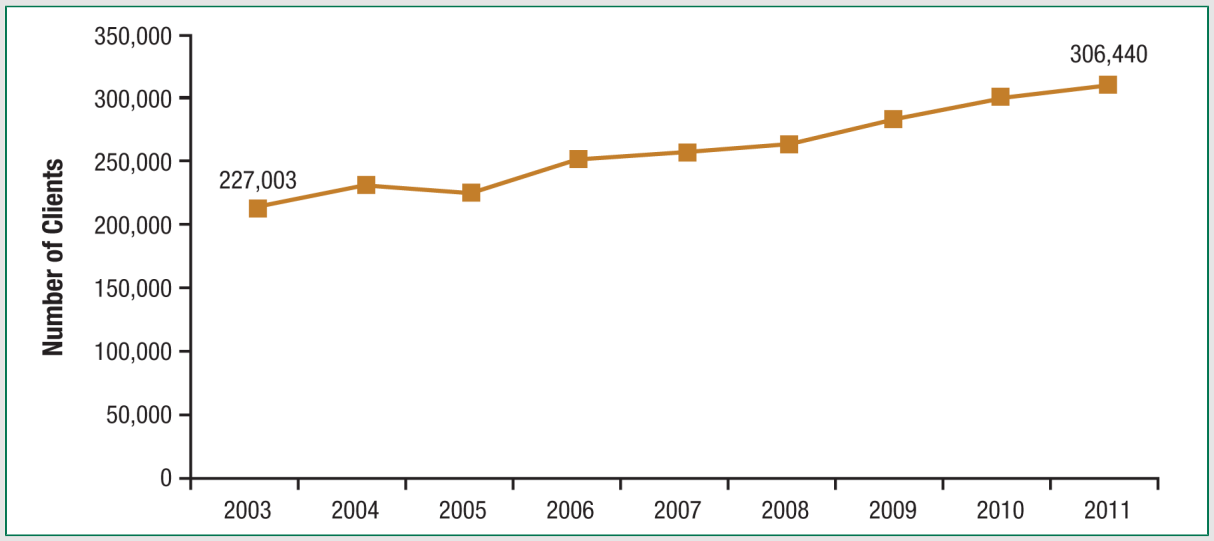
In 2011, 9 percent of all substance treatment facilities had OTPs (Figure 1). This percentage has consistently been between 8 and 9 percent since 2001, when the Substance Abuse and Mental Health Services Administration began certifying OTPs. While the number of facilities with OTPs has remained constant at around 1,100 to 1,200 since 2003, the number of clients receiving methadone on the survey reference date[5] increased from about 227,000 in 2003 to over 306,000 in 2011 (Figure 2). Clients receiving treatment with methadone accounted for approximately 21 to 25 percent of all substance abuse treatment clients each year. The increase in the number of clients receiving methadone treatment coupled with the stability of the proportion of clients receiving this treatment suggest that the overall availability of methadone treatment has increased over time.

Figure 1. Number of Opioid Treatment Programs (OTPs) and Percentage of Total Substance Abuse Treatment Facilities That Provided Them: 2003 to 2011



Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 to 2011.

Figure 2. Number of Opioid Treatment Program (OTP) Clients Receiving Methadone: 2003 to 2011

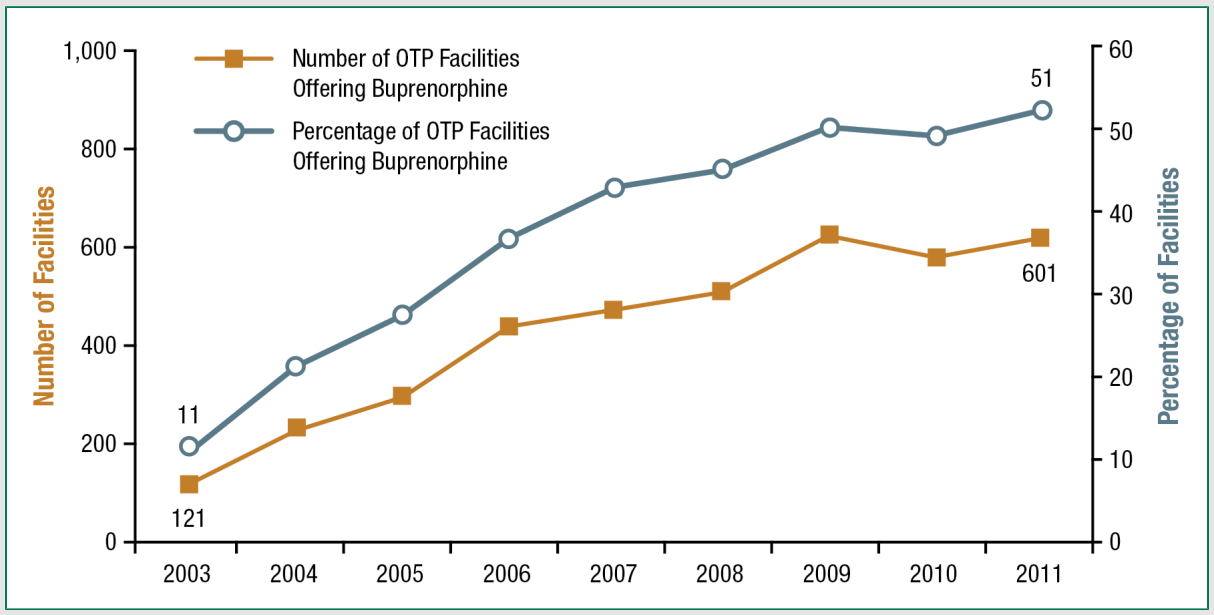


Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 to 2011.

BUPRENORPHINE

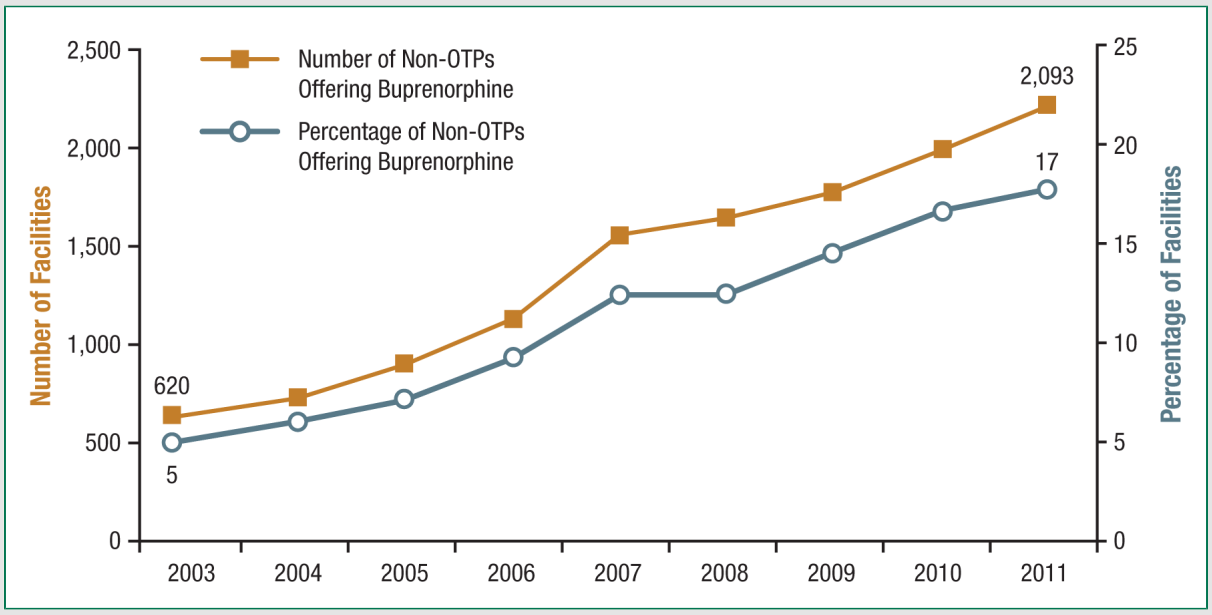
With the introduction of buprenorphine at the end of 2002, OTPs and non-OTPs with a specially trained physician on staff began offering medication-assisted therapy for opioid dependence and addiction with that medication. The number of OTPs offering buprenorphine increased from 11 percent of OTPs in 2003 (121 OTPs) to 51 percent of OTPs in 2011 (601 OTPs) (Figure 3). Among non-OTPs in 2003, about 5 percent (620 facilities) offered buprenorphine services; by 2011, the percentage of non-OTPs that offered buprenorphine services increased to 17 percent (2,093 facilities) (Figure 4).

Figure 3. Number and Percentage of Opioid Treatment Programs (OTPs) Providing Buprenorphine: 2003 to 2011



Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 to 2011.

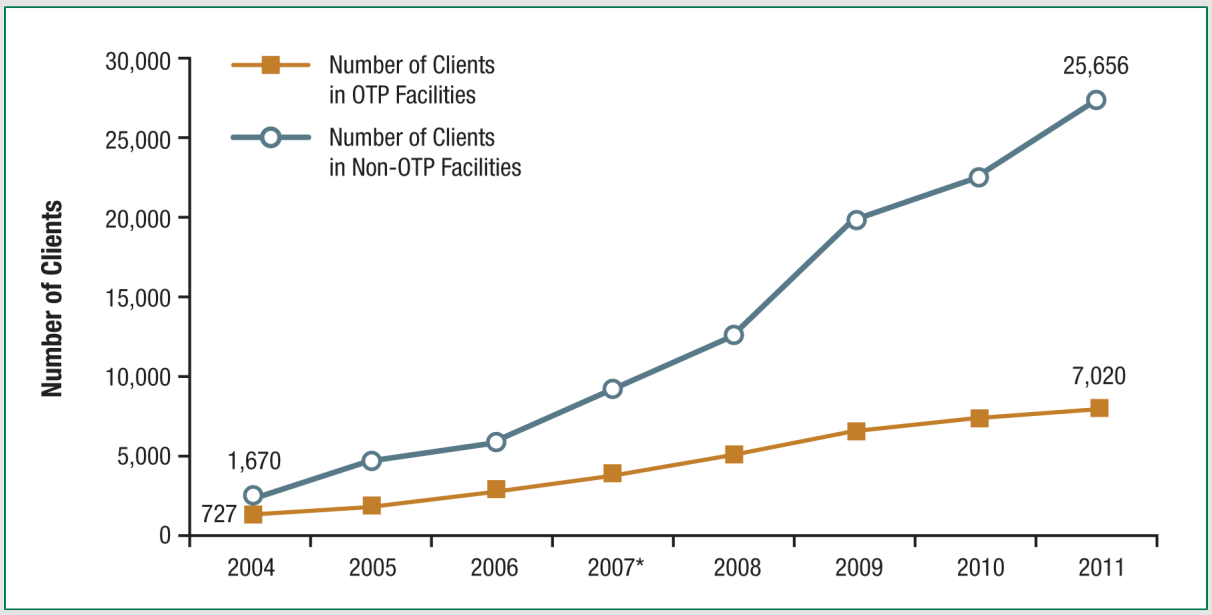
Figure 4. Number and Percentage of Facilities without Opioid Treatment Programs (Non-OTPs) Providing Buprenorphine: 2003 to 2011



Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2003 to 2011.

Likewise, the numbers of clients receiving buprenorphine on the survey reference date[5] increased during this period. At OTPs, the number of clients increased from 727 clients in 2004, the first year N-SSATS collected buprenorphine client counts, to 7,020 clients in 2011; at non-OTPs, the number increased from 1,670 clients in 2004 to 25,656 clients in 2011 (Figure 5).

Figure 5. Number of Clients Receiving Buprenorphine at Opioid Treatment Programs (OTPs) and in Facilities without OTPs (Non-OTPs): 2004 to 2011



* Due to data limitations, it is not possible to report non-OTP 2007 statistics.

Source: SAMHSA National Survey of Substance Abuse Treatment Services (N-SSATS), 2004 to 2011.

DISCUSSION

Opioid dependence and addiction, whether to heroin or prescription pain relievers, is a serious, life-threatening medical condition. Methadone and buprenorphine are medications that permit addicted individuals to function normally within their families, jobs, and communities. While treatment with methadone is more established, it requires daily visits to an OTP. Not all individuals who could benefit from methadone treatment live within easy travelling distance of an OTP. Furthermore, the requirement for daily visits can interfere with jobs and other important activities. The introduction of buprenorphine for the treatment of opioid dependence has provided an alternative to methadone treatment for some opioid dependent persons; however, buprenorphine may not be appropriate for all opioid-addicted persons. The dramatic increase in the number of clients receiving buprenorphine through treatment facilities is an indication of the demand for safe and effective medications for the treatment of opioid addiction in the context of a broader treatment program.

END NOTES

1. Substance Abuse and Mental Health Services Administration. (2012). *Results from the 2011 National Survey on Drug Use and Health: Summary of national findings* (NSDUH Series H-44, HHS Publication No. SMA 12-4713). Rockville, MD: Author.
2. Mental Health and Drug & Alcohol Office, New South Wales Department of Health. (2008). *NSW drug and alcohol withdrawal clinical practice guidelines* (SHPN [MHDAO] 070083). Retrieved from http://www0.health.nsw.gov.au/policies/gl/2008/pdf/gl2008_011.pdf
3. Center for Substance Abuse Treatment. (2005). *Medication-assisted treatment for opioid addiction in opioid treatment programs. Treatment Improvement Protocol (TIP) Series 43* (Rev. ed.; HHS Publication No. SMA 12-4214). Rockville, MD: Substance Abuse and Mental Health Services Administration.
4. Maintenance treatment involves the substitution of a long-acting orally administered opioid, such as methadone, for the shorter-acting opioids, such as heroin, that are usually injected. Because methadone is long-acting, it may be taken once a day. It eliminates withdrawal symptoms for 24 to 36 hours.
5. The number of clients receiving methadone or buprenorphine on the survey reference date refers to the number of clients receiving methadone or buprenorphine at a residential or hospital inpatient facility on the date of the last weekday in March and the number of clients who received methadone or buprenorphine at an outpatient facility during the month of March and who were still enrolled in treatment on the last weekday of March.

SUGGESTED CITATION

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SUMMARY

Background: An estimated 2 million people in the United States are dependent upon or abuse opioids, including heroin and prescription opioids such as oxycodone and hydrocodone. An effective treatment for opioid dependence and addiction includes medication-assisted treatment with the opioid medications methadone or buprenorphine, the only two opioids federally approved for the treatment of these conditions. **Methods:** Data from the 2011 National Survey of Substance Abuse Treatment Services (N-SSATS), an annual survey of all known substance abuse treatment (SAT) facilities, both public and private in the U.S., was analyzed. This report examines the trends in the use of methadone and buprenorphine in the treatment of opioid dependence at SAT; it includes data from Opioid Treatment Programs (OTPs) as well as facilities that did not have OTPs. It does not include data from private physicians who are not affiliated with a SAT program or facility. **Results:** The number of facilities with OTPs has remained constant at around 1,100 to 1,200 since 2003 (8 to 9% of all SAT facilities), the number of clients receiving methadone on the survey reference date March 31, 2011 increased from about 227,000 in 2003 to over 306,000 in 2011. The percentage of OTPs offering buprenorphine increased from 11% in 2003 to 51% in 2011; the percentage of facilities without OTPs offering buprenorphine increased from 5% in 2003 to 17% in 2011. The numbers of clients receiving buprenorphine increased between 2004 and 2011: at OTPs, from 727 clients in 2004 to 7,020 clients in 2011, and at facilities without OTPs**,** from 1,670 clients in 2004 to 25,656 clients in 2011. **Conclusion:** Methadone and buprenorphine are medications that permit addicted individuals to function normally within their families, jobs, and communities. While treatment with methadone is more established, it requires daily visits to an OTP. Not all individuals who could benefit from methadone treatment live within easy travelling distance of an OTP; the requirement for daily visits can interfere with jobs and other important activities. The introduction of buprenorphine for the treatment of opioid dependence has provided an alternative to methadone treatment for some opioid dependent persons. The dramatic increase in the number of clients receiving buprenorphine through SAT is an indication of the demand for safe and effective medications for the treatment of opioid addiction in the context of a broader treatment program.

Key words: heroin, prescription opioids, opioid dependence, substance abuse treatment, medication assisted treatment, methadone, buprenorphine, Opioid Treatment Programs, OTP, National Survey of Substance Abuse Treatment Services, N-SSATS

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KEYWORDS

Short Report, Substance Abuse Facility Data, Researchers

The National Survey of Substance Abuse Treatment Services (N-SSATS) is an annual survey designed to collect information from facilities in the United States, both public and private, that provide substance abuse treatment. N-SSATS provides a mechanism for quantifying the dynamic character and composition of the United States substance abuse treatment delivery system. The objectives of N-SSATS are to collect multipurpose data that can be used to assist SAMHSA and State and local governments in assessing the nature and extent of services provided and in forecasting treatment resource requirements, to update SAMHSA's Inventory of Behavioral Health Services (I-BHS), to analyze general treatment services trends, and to generate Substance Abuse Treatment facility Locator [http://findtreatment.samhsa.gov/].

N-SSATS is one component of the Behavioral Health Services Information System (BHSIS), maintained by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA. N-SSATS collects three types of information from facilities (1) characteristics of individual facilities such as services offered and types of treatment provided, primary focus of the facility, and payment options; (2) client count information such as counts of clients served by service type and number of beds designated for treatment; and (3) general information such as licensure, certification, or accreditation and facility website availability. In 2011, N-SSATS collected information from 13,720 facilities from all 50 states, the District of Columbia, Puerto Rico, the Federated States of Micronesia, Guam, Palau, and the Virgin Islands. **Information and data for this report are based on data reported to N-SSATS for the survey reference date March 31, 2011.**

The N-SSATS Report is prepared by the Center for Behavioral Health Statistics and Quality (CBHSQ), SAMHSA, Synectics for Management Decisions, INC., Arlington, VA; and by RTI International in Research Triangle Park, NC.

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